

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO
10/030597

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3						
4		3				
5		①		1		
6	1		1			
7		1		1		
8		①		1		
9		1		1		
10		①		1		
11		①		1		
12		①		1		
13	1		1			
14		1		1		
15	1		1			
16		2		1		
17		①		1		
18		①		1		
19		1		1		
20	1		1			
21		1		1		
22		2		1		
23		2		1		
24		①		1		
25		①		1		
26		①		1		
27		①		1		
28		①		1		
29	1		1			
30		1		1		
31		1		1		
32		3		1		
33		①		1		
34	1		1			
35		1		1		
36		2		1		
37	1		1			
38	1		1			
39		1		1		
40						
41		①		1		
42		①		1		
43		①		1		
44	1					
45	1					
46	1					
47	1					
48	1					
49	1					
50	1					
TOTAL IND.		↓		↓		↓
TOTAL DEP.						↓
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	1					
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
68						
69						
70						
71						
72						
73						
74						
75						
76						
77						
78						
79						
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.		↓	9	↓		↓
TOTAL DEP.			29	↓		↓
TOTAL CLAIMS			38			

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

Barbara Campbell
National Stage Processing
(703) 305-3831